

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SMC	71002	9/2/99
O.I.P.E. CLASSIFIER		10	9/8/99
FORMALITY REVIEW	59573		9-13-99

59573 INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

*Deleted C.C.**Deleted*

Claim	Date
Final Original	7/2/99
1/1	7/2/99
2/2	7/2/99
3/3	7/2/99
4/4	7/2/99
5/5	7/2/99
6/6	7/2/99
7/7	7/2/99
8/8	7/2/99
9/9	7/2/99
10/10	7/2/99
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43/43	7/2/99
44/44	7/2/99
45/45	7/2/99
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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